## Return Merchandise Authorization Form



Email form to: support@minidis.com Attention: RMA Requests

Customer Inp	ut: RMA goods	purchased at:
miniDis	0	Please complete
Tiny Green PC	Ō	/
CompuLab	Ō	
Amazon	$\circ$	Please complete
Other		

			Phone: +31 (0)85-210 3800 www.minidis.com		CompuLab Amazon Other		Please complete	
RMA Step	s: 1. Fill out this RM	MA request co	mpletely 2. Prepare a copy of	of the sales inv	voice(s) for defectiv	ve good(s)	3. Email per above	
For miniDis Internal Use Only		Your Company Name:						
		Account Number:						
RMA Number:		Ship To Address:						
Date RMA Issued:		City: State: Zip Code:						
Processed By:		Requested By:						
Item Returned: Yes / No		Email:						
Date Received:		Phone:						
Quantity	Item Number		Description	PO Number	Serial Number (if applicable)	Reason Code	Credit, Replace or Repair?	
Return Reason Codes Comments / Special Instructions								
Record appropriate number in the "Reason Code" column above.								
1. Wrong quantity received 2. Wrong products received 3. Damaged in shipping 4. Duplicate order 5. Product defective 6. Customer not satisfied 7. Incorrect item ordered 8. Incorrect quantity ordered 9. Other			We - the customer - declare the unit(s) to be returned do(es) <b>not contain any data</b> subject to <b>AVG/GDPR/BDSG</b> legislation					
			n invoice(s), <u>only</u>		For miniDis Ir	nternal Us	se Only	
after receiving an RMA number:			·					
New Adress			Credit Issued: Yes / No					
miniDis BV			Credit Amount:					
Hoofdstraat 292			Transaction Number:					
2171 BS, SASSENHEIM		Date Issued:						
			Issued By:					
RMA Coordinator: Contact +31 (0)85-210 3800			Comments:					
Receiving Hours weekdays (monday-friday) between 9:00AM-17:30PM								
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